V. S. No. 1

ż

TALE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11100
County Muce gg.	Registration Dist. No.
Village or City flar Kaurel	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? mos ds.
2. FULL NAMBURVILLAIS Allew	
(a) Residence: No lear Kamel Mid	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) Wife of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) HUNG 970 1847	1 1 1 1 1 1 1 1 1 1
7. AGE Years Month Oays If LESS than	to have occurred on the date stated above, at Am,
90 H 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular / kind of work done, as SPINNER,	Oate of onset
SAWYER, BOOKKEEPER, etc. / OWN WILL STOP	Chamber Veffereles
9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	one /
10. Date deceased last worked at this occupation (month and 1970) 11. Total time (years) spent in this year)	C. S. Par
3/1/	Other Contributory Causes of importance:
12. BIRTHPLACE (gity or town) (State or country)	MA Jan Day
13. NAME N. M. Harrison	Julia of Graguette
14. BIRTHPLACE (city or town)	Name of operationOate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Mars Fresh	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT MA SA 3" Allegu	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Aurel 111	
Place to yearly popelal 15 19 12	Manner of injury
19. UNOERTAKER Tys Varsy (Address) Lawy Mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Och 15, 1932 M. Brashears Registrar.	(Signed) / Aunach M. O.
Atguira.	(indicas) depth son

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
 		the state of the s		

1. PLACE OF DEATH	
County Arence Georges	Registration Dist. No. 2 /8
Village or City Ranner and	No. 2628 Serry St. St. Ward
CORPORATE (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?dsds.
2. FULL NAME John w. ambrose	
(a) Residence: No. 2623 / Ovry (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE O. H S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (arrige the word)	21. DATE OF DEATH october 1. 193 2
5a. If married widowed or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clisabeth Omnabelle	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year well 15 1853	1 last saw h www alive on ON 1 19 32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
79 years 7 ms toda of min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade protection or particular	were as follows:
kind of work done, as SPINNER, Retired from	Couldral Hemory 4. a al 9/30/32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) west burginia	Dther Cantributory Causes of importance:
(State or country)	
13. NAME Mathias ambres	
f4. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) west Corgania	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mancy Fisher	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Levest Originia	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mancy Bartablum (Address) 3623 Perry 5+	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL, 2222	Manner of injury
Place Der Seley Springs Date UCI	Nature of injury
19. UNDERTAKER F. Haselis Jours	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Blackers bur 9 med	If so, specify
20. FILED 3 193 Hong will W. A. Registrar.	(Signed) W H Waston M.D. (Address) Mt (Passale Cles
Registral.	The state of the s

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	200 m
County Prince Tlases	Registration Dist. No. 230
Village or City near Beltonly, ud	ND. St., Ward
Length of residence In city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?
2. FULL NAME R. E. Babcock, B	adock.
(a) Residence: No. Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Day) (Year)
5a. tf married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year legers	I last saw h alive on 19 ; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at & Aem.
about 50 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	herefured lete Date of pret
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7 476
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dato deceased last worked at this occupation (month and spantin this	
yaar) occupation	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	1 Sit by Welmette 10/14/32
13. NAME Clukung	
14. BIRTHPLACE (city or town)	Nama of operation. Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsyllo
15. MAIDEN NAME	23. If death was dua to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Lean law Data of injury 1. 3-1. 193.2
(State or country)	Where did injury occur? May State (Specify city or town, county and State)
(Address) Sulf a Faurel mas	Specify whether injury occurred in INDUSTRY, in HDME of in PUBLIC PLACE.
(Address) Sub a, Louvel Wister. 18. BURIAL, CREMATION, OR REMOVAL	more roles
Placa Bladenslung md Date Get -22-1932	Nature of Injury Analysis Angels & Office Lee' / March
19. UNDERTAKER The Glaschi one	24. Was disease or injury in any way related to occupation of degrased in the Process
(Addiess) Office of the	If so, specify S. Julipt actual Coroner
20. FILED 21-21-1932 John D. Janette	(Signed) W. Illes Gerlette Cerment Reym, D.
Registrar.	(Address) Deargh Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

BINDIN

FOR

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MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
REREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(43-02)
County Trunce Tenges -	Registration Dist. No. 2 30
Village or City Servey,	No. St., Ward
Length of residence in city or town where death occurred 3 4 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
/2. FULL NAME Sada Maria Bell	
(a) Residence: No. Beruya, Mid	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
hemale white OR DIVORCED (write tha word)	21. DATE OF DEATH (clyftr (Oay) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel A. Bell	22. I HEREBY CERTIFY, That I attended deceased from Output 30, 193 2, to Querter 198 2-
6. DATE OF BIRTH (month, day, and year) The shrugues 8. 1845	I last saw h.Q.A. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:20 P.m.
87 8 14 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	aente Mujorardito 14/5/32
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occurryation (month and	
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Welrist, Welf (State or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	
	Nama of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an au'opsy
15. MAIDEN NAME Sarah Kvod	23. If death was due to external causes (VIDLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Clarine H. Bill	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It! Jucolis Oate Oct 29,19 32	Nature of injury
19. UNDERTAKER 4. Gascher Jour	24. Was disease or injury In any way related to occupation of deceased? 945
20. FILEDOCTORS 27, 19 3 2 John & Misther Registrar.	(Signed) Ur. Allen Guffell M. D. (Address) Berney Rud.
If more blanks are needed, address State Registrar,	PARI N. Charles Street Baltimore Requestion 7) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

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County County County WITHIN CORPORATE LIMITS	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 239	
Village or City 1000 (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Oct (1992) 1992 ((Month) ((Day) 1922 (Year)	
6 DATE OF BIRTH Seft 29 , 1/932 (Month) (Day) (Yesr)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to the last saw hamalive on the saw hamalive of the saw hamalive of the saw hamalive of the saw hamalive of	
7 AGE yrsds. If LESS than l dayhrs. ormin.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows: (fundtime buth (6 mm)	
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) *State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,	
(Informant) Hourt Bound (Address) James My Knowledge	if not at place of death? Former or usual)residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL August Section 2, 1932	
Filed Och 1 182 M. Dracheastes Registrar If more branks are needed, address State Registrar	20 NOERTAKER ADDRESS AUGUST Laurel My, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

11110

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a)nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronehopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of OCCUPA.

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH.	920
/ County Ruce Learge	Registration Dist. No. 23 0
Village or City Research	No. St., Ward
(If Length of residence in city or town where death occurred 2 8 yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
$G(I) \sim \Omega \circ \Lambda$	2
2. FULL NAME Celbert Cooke 19	rady
(a) Residence: No. Jeree (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vorte the word) Thank	21. DATE OF DEATH Of 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Margaret G. Angle	22. There By CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) leg 28-1867	I last saw h. Liss alive on Oct 14 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at I. O. C. m.
65 / 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Atlerio - Delenosio Dato o lonsot Just +
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spent in this	
this occupation (month and syst) 25 spent in this 40 occupation 40	Other Corributory Causes of importance:
12. BIRTHPLACE (city or town) Les Johns Oleane (State or country)	Armee Canderendete 3 yet
13. NAME Savid a. Brake	
13. NAME Saved a. Brade,	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lekee a f. I I I I I I I I I I I I I I I I I I	23. If death was due to external causes (VIOLENCE) fill in also the following:
S 16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide?
17. INFORMANT Ranguart & Branca (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Sant am Custing Place amafolis, Ing. Date Och 17, 1932	Manner of injury
19. UNDERTAKER Francis Gasalis Sono (Address) Bladen about and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Ct -17-, 19 32 John Struckter. Registrar.	(Signed) Clare M. D. (Address) Seace 444

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
6061 An			
100 92, 40			
1.00	4/		

V. S. No. 1

1	. PLACE OF	DEATH).		(13-2)	111	16
	County_(Truce)	Seorger		Registration	Dist. No. 23	7
	Village or Ci	ty agrue	way		No	St.,	Wa
	Length of resid	dence in city of town where	death occurredvrs	4- (If mos.	death occurred in a hospital or institution, give its NAME		
2	. FULL NAM		a Telo	1	1.30		
	· (a) Residence			de la	St Ward.		
	(a) nesideni	/	(Usual place of abode)	0		give cily or town and	d State
			ICAL PARTICULAR		MEDICAL CERTIFICATE	OF DEATH	
	SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WID OR DIVORCED (write th		21. DATE OF DEATH	/8 (Day)	, 193
5a.	If married, widowe HUSBAND of	ed, or divorced			7		/
	(or) WIFE of				PZZ. I HEREBY CERTIF	That I attended	deceased
6. I	DATE OF BIRTH (1	month, day, and year)	ray 78-3	31	I last saw h alive on Oel	193	; death is
7. /	AGE Year	's Months	, ,	SS than	to have occurred on the dale stated above, at	Z.m.	
		1 4	2/ Iday,	hrs. _min.	The PRINCIPAL CAUSE OF DEATH and related cause were a follows:	s of importance	Date of on
N	8. Trade, profess	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc			Terebro - Jens	l,	Date of on
¥ Ž	1 Industry or b	usiness in which			Tuendette		10/11/
OCCUPATION	work was	done, as SILK MILL, L, BANK, etc			non-specific a coverns tant to	dysentery.	-
ပိ	Date decease this occup	d last worked at ation (month and	11. Total time (years) spant in this occupation)			-
					Other Contributory Canses of importance:		1/2/11
12.	(State or count		Sind		Affindry: no cult	write server	10/11/
ER	13. NAME	Teo WK	lacer		made type of organism no	tdllerm.	
FATHER	14. BIRTHPLACE	(city or town)	ranco	/	Name of operation	Date of	
	(State or	country)	· Jud	/	What test confirmed diagnosis?	Was there an :	autopsy?
HER	15. MAIDEN NAM	NE Carre	& Brooks	0	23. If death was due to external causes (VIOL ENCE) fill	in also the following	g:
MOTHER	16. BIRTHPLACE		grasev	/	Accident, suicide, or homicide?	ate of injury	, 19
_	(State or	country)	D They		Where did injury occur? (Specify city or	own, county and Stat	te)
17.	(Address)	annu	esao n	nd	Specify whether injury occurred in INDUSTRY, in HO	ME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATI	ON, OR REMOVAL	- Oct. 19		Manner of injury		
	Place Place		Date	,1932	Nature of Injury		
19.	UNDERTAKER	A. J. Gru	elend		24. Was disease or injury in any way related to occupa	tion of deceased?	
-	(Address)	Aylors	Jeen.	\	If so, specify	028	***************************************
	FILED Och 1	9 1032 1/8	every 12 touch	W	(Signed)	WF J	7 M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMANEN N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Brince Leonge's	Registration Dist. No. 236
Village or City Withhelloffe	Np. St., Ward
Length of residence in city or town where death occurredyrs,	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrsmosds.
2. FULL NAME Not Manuel 19	urd.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE OR DIVORCED (awrite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Och 4 19 3 26 19
6. DATE OF BIRTH (month, day, and year) Oct 4, 1932	I last saw h alive on, 19; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BDOKKEEPER, etc.	A 1
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10 Date deceased last worked at this occupation (month and	Negetter
10. Date deceased last worked at this occupation (month and spent in this	Rest
year) occupation	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Muschellville Me	Differ Countributory Causes of Importance.
(State or country)	
13. NAME OM 6 Regard 14. BIRTHPLACE (city or town) Many lond (State or country)	
14. BIRTHPLACE (city or town) Mary Lond	Name of operation Date of
1 (State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME and Branchord 16. BIRTHPLACE (city or town). Mary lakes	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
1,0m & B. 1	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT (Address) Back Max	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Davidsouville, My Date Och. 1932	Nature of injury
19. UNDERTAKER MM. T. Byrd Grantfartur) (Address) Mit to Hellvirle, Myd)	24. Was disease or injury in any year related to occupation of deceased?
20. FILEO Oct. 4 , 19 3 2 Nova 4 s Peach Registrar.	(Signed) Thus Walls M. D. (Address) Backs Mal
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilensy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATM in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NT RECORD MARGIN RESERVED FOR BINDING VITH UNFADING INK--THIS IS A PERMA PLAINLY WRITE V. S. No. 1 N. B.--

PLACE OF DEATH County June Gev	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 239
Village or City Lawel (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH Oaw 25 1867	16 DATE OF DEATH (Month) (Day) 193 2 (Year) 17 I HEREBY CERTIFY, That I attended the deceased from (Month) (193 2) (193 2) (193 2)
(Month) (Day) (Year)	that I last saw h Walive on Cat Company, 1922,
7 AGE 65 yrs. 8 mos. 1 Vds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Laurel 4 Municiple Predicted Laurel 4 Municiples De arter des
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Anthony bile according Secondary (Durstjon) yis mos de.
10 NAME OF Chas Heuson	(Signed) Of feet & Malerney M. D. Oct 7 193 2 (Address) Land
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER THE FAUVICION 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) Thu M. Lawley	if not at place of death? Former or usual residence
15 Filed OCA 9 1927 M. Bashesse Registrar	astroylen Howard Co Del 4th 1,3r
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Body Thomas by It m & Jahinghia

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (0) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise speciments. Wom-laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). gaged in domestic service for wages, as Servont, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foremon, For many occupations a especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The materia single word or term on 6 Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease inges, perilonocum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilwoy troin taken. FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County Sev.	93-c)
Village or City / Circuate	No. Jeffusin Dist. No. 243
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs.	mos. ds. Wow long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME (Mut Wased	ellers,
(a) Residence: No. Jefferson Us	St.,Ward.
PERSONAL AND STATISTICAL PARTICULA	If nonresident give city or town and State RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. THOLE, MARRIED, W	
M. Wh. Market	
5a. If married, widowed, or divorced HUSBAND of LOCI, WIFE of Lowery Slewart Coreland	22. I HEREFY CERTIFY That Vattended deceased from
7	(lugust, 19 , 10 (let 2 4, 1932)
6. DATE OF BIRTH (month, day, and year) Mare. 16 187	I last saw h allve on Oll 27 , 19 3 2 death is said
. 40	SS than to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular out office of kind of work done, as SPINNER,	lerk -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Thyo cardetis
work was done, as SILK MILL, SAW MILL, BANK, etc.	Injection 7
10. Date deceased last worked at this occupation (month and year) - (230 occupation)	-
12. BIRTHPLACE (city or town) Sun Francis Co. (State or country)	Other Contributory Causes of importance: Other Collecte blilet blilet time Debry
13. NAME Levid Collins 14. BIRTHPLACE (city or town) Cafee Cacl	Name of operation Oate of
(State or country) Inauga chusette	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Celegabeth Cherry	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Toley about Cherry 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Lecland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Isses. albert L. Collins.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Merhingson (Date / 47	Manner of injury
19. UNDERTAKER JOD. elfaguler Sono &	24. Was disease or injury In any way related to occupation of deceased?
The country of the co	If so, specify
20 FILED Oct 24 1932 Mrs. Jan. Der.	(Signed) / Control of the A.M. [

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
** BUKEA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	(23)
County James Gronges	Registration Dist. No. 242
Village or City budan Height	NoSt War
	f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs mos di
2. FULL NAME Leavie bornight	2
(a) Residence: No. Colden Hanglito Via (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Out 20, 198 2
5a/ If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND OF Lester langton	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF DIDTH (mostly day and was)	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	Llast saw h alive on
3 5 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, house during SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Date of onset
	The state of the
work was done, as SILK MILL, SAW MILL, BANK, etc	Marry Espelana
10. Date deceased last worked at this occupation (month and 934)	
-	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
E 13. NAME black States	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) M.C.	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Pasa a gluten	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury 19
(State or country) M. C.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT digler bounded (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Populo Date M 24, 1937	Nature of injury
19. UNDERTAKER Hrank Williams	24. Was disease or injury in any way related to occupation of deceased? If so, specify Those Definition (Carl Coro)
1 20 0 0 0 0 0 0 0	(Signed) 3m Brake M
20. FILEDOCT 20, 1982 John & Wall	(A dress Pleasant u

1 2 2 1 10

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	*	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
dy 5,1927	Peritonitis ·	3 days ago
	Other contributory causes of importance:	
ay 1,1923	Gastroenteritis	1 year
	ly5,1927	Other contributory causes of importance:

V. S. No. 1

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1. PLACE OF DEATH	
County Prince Legage	Registration Dist. No. 245
Village or City Chillum	No. Mother Jones Reat Home St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) 4 ds. How long in U.S. if of foreign birth?
2. FULL NAME angie Soine 4:8	200
(a) Residence: No. Squarsburg montage	well Co. Mard.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3/SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIOOWFO	MEDICAL CERTIFICATE OF DEATH
Frmale John OR DAYORCED (write the word)	21. DATE OF DEATH Delober Month) D 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Las. W. Libson	22. HEREBY CERTIFY. That Lattended deceased from Selfember 141932 to October 10 19.32
6. DATE OF BIRTH (month, day/and year) Fib 27-1858	I last saw h. A. alive on Octobe 7 , 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 300 m.
74 7 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Cerebral arterios elevosis 1930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	an invalid for years; La mind a Blank.
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation.	Carto
12. BIRTHPLACE (city or town) Washington DC. (State or country)	Other Contributory Causes of importance: Fracture, neck of Ferner: 193
E 13. NAME Sousa	no further information.
14. BIRTHPLACE (city of town) unknown	Name of operation
(State of Country)	What test confirmed diagnosis? None Was there an autopsy? N
15. MAIDEN NAME ? Carmack	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
17. INFORMANT Mrs. Lo ouise Ward (nines)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) (For Seville, Md) 18. BURHAL CREMATION, OR REMOVAL	Manner of injury
Place Rockville Md. Date Oct 10, 1932	Nature of injury
19. UNDERTAKER UM. Frubry Tumpoliny (Address) Rusky timpoliny	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Mat. 10, 1932 mrs Jas Bores	(Signed) It It It well M. D.
20. FILEO Mat. 10, 1932 ms, Joseph Regigrar.	7 7 7 7 7 1 7 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		davisosa		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEAT should item of Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS Length of residence in city or tow How long in U.S. if of foreign birth? yrs. ___ mos. statement RECORD. (a) Residence: No. Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) assified. 5a. If marriad, widowed, or divorce HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 国 death is said certificate. 6. DATE OF BIRTH (month, day, and year) properly If LESS than 7. AGE Years Days Months to have occurred on the date stated above, at ... 1 day, hrs. min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. T may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at uo 11. Total time (yaars) this occupation (month and spent in this occupation instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town (Stata or country) efully What test confirmed diagnosis?_ important MOTHE 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE, should OF 18. BURIAL. Manner of Injury CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of decaased? (Address). If so, specify 20. FILED Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-PIIYSICIANS stated EXACTLY. properly classified. FOR BINDING of certificate. MARGIN RESERVED he be CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back AGE should mil mation should be carefully supplied. B. WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	159
county Gr Deorge	Registration Dist. No. 233
Village or City Duley	No. St., Ward
Length of residence in city or town where death occurredyrs,	death occurred in a horpital or institution, give its NAME instead of street and number) dsmosds.
2. FULL NAME Harvey mcClea	n/ Lireer)
(a) Residence: No.	St., Ward,
(a) Residence, 190. Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write than word) COLOR OR DIVORCED (write than word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attanded deceased from
6. DATE OF BIRTH (month, day, and year) Oct 26,1932 7. AGE Years Months Days If YESS than 1 day,hrs.	I last saw h aliva on 19 ; death is said to have occurred on the date stated above, at 2-200 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry'or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and yaar) occupation.	Premature birth
12. BIRTHPLACE (city or town) (State or coupley)	Other Contributory Causes of Importance:
13. NAME Omnasue Dreer	
4 14, BIRTHPLACE (city or town) (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDLENCE) fill in also tha following: Accident, suicide, or homicide?
17, INFORMANT OMMANULU DILLU (Address) Duly and	Specify whelher injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATON, DR REMOVAL Place Date 700 1, 1932	Manner of injury
19. UNDERTAKER Johns Tagris Med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED DOV / , 1932 Ernest W. Sarner Registrar.	(Signed) Specifical M.D. (Address) Argustral Argustral

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy			
01	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
202771178					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			(4)		

V. S. No. 1

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NEN	CTL	ified.		
RMA	XA	class		
PE	d E	rly	cate.	
IS A	state	prope	ertifi	
HIS	pe	pe	o jo	
T—X	plno	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	TION is very important. See instructions on back of certificate.	
N	Est	at it	s on	
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N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infol	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CA	TIC	
N. B.	1	1		
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	131
County Fruice George	Registration Dist. No.
Village or City Meadows - Upper Mars	Comoro R#1, Jud St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Walter Virail ari	Sting
(a) Residence: No. Ulpfer Martharo PH/M (Usual place of abode)	Astal. Ward. Blanwille Come
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The widowed, or divorced Solution of the widowed of the	21. DATE OF DEATH October 17, 1932. (Month) (Day) 7, 1932. (Year)
HUSBAND OF Mary Juiffine	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Cussust 2.4 1847	Hast saw have alive on October 17, 1932 death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 1015 P.m.
85 1 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular Netires	acute puelsevalter 10/11/32
SAWYER, BOOKKEEPER, etc. Raidroad Foreman	acute Myses delia 19/13/32
SAWYER, BOOKKEPER, etc Railroad Toreman Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and 9 / 0 spent in this 35 yrs occupation control oc	
12. BIRTHPLACE (city or town)	Other Cantributory Causes of Importance:
(State or country) Massachusetts;	Kenel disease with unless
13. NAME Tulknown	general arteriosclerous, Chilare
13. NAME 7. MENON 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) Massachuselle	What test confirmed diagnosis? Wes there an autopsy? 24-0
15. MAIDEN NAME WILLIAMS 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Marsaghurutts	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT M. Streffing (Sow) Miles	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION OF REMOVAL	Manner of Injury
Place Manuage Meate U.T., 192	Nature of injury.
19. UNDERTAKER W. W. Chambus (Address), 1000 Chapis St Wash, AC	24. Was disease or injury in any way related to occupation of deceased? ZCO
20. FILED 9 19 37 30 Minean Registrar.	(Signed) Lange Van Halta M.D. (Address) Upper Marlboro R 41 Med
If more blanks are needed, address State Registrar,	2421 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstanes	May 1,1923	Gastroenteritis	1 year		

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6Every item of information should be carefully supplied. ACE should be stated EXACTLY, F. CIANS should state CAUSE OF DEATH in plain terms so that it may be proparly classified. statement of OCCUPATION is very important. See instructions on back of certificate.	
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1 _{PLA}	CE OF	DEAT	'H	
County	Q	ce	ef	yer
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County	Vu	<u> </u>	Jev-	zec



Registration Dist. No. 242

Village or City Sowre (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is- stead of street und number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Single	16 DATE OF DEATH Q.J. 4 , 19232 (Month) Q.J. (Day) 4 (Year) 19232
6 DATE OF BIRTH AGE. 20, 1905 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decensed from
7 AGE If LESS than day hrs day hrs day min.	The CAUSE OF DEATH * was ne follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Lobar Pneumain. (Duration) yrs. mos., 3 ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	Contributory Secondary (Duration) yrs ds. (Signed) / Lerry / M. D. Act. 5 19272 (Address) Bowne / M. D. *State the Pisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs
(Address) Bowl Mcl Filed Ch 5 192 4 2 framounts me Registrar	19 PLACE OF BURNAL ORREFOVAL DATE OF BURIAL 20 UNDERTAKER M. J.
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balko., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully cm-ployed, as At sehool, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons on household only (not paid Housekeepers who receive a er," etc., Foreman, For many occupations a without more precise specification as Day (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic gerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, "E::haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronehopneumonia (secondary) Whooping eough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant ncoplasms); Measles, inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) earbolic acid-probably sweide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(18)
County IN Me. 120Wel MD	Registration Dist. No. 243
Village or City 120WU MB	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred3_yrsmos	
2. FULL NAME Mary & Hall	
(a) Residence: No. Bowied Md	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White Widow (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of David Hould	27. I HEREBY CERTIFY, That I attended deceased from Newell 19 July Permanen 19
6. DATE OF BIRTH (month, day, and year) Sep 2/ 1/1858	I last saw h alive on C(-3/9), 19; death is said
7. AGE Years Months Days tf LESS than 1 day, his.	to have occurred on the date stated above, at 7020 P.m.
74 3 1 day, nis.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate olonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dale deceased last worked at this occupation (month and spant in this	acute indigistion
12. BIRTHPLACE (city or town) Police Go MA	Other Contributory Causes of importance: Contributory Causes of importance:
EL 13, NAME	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME	23. tf death was due 1o external causes (VIOLENCE) fill In also the 1ollowing:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT EVA P. Viruellon (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Leland Mid oate Oct 6 , 19\$ Z	Manner of injury Nature of injury
19. UNDERTAKER 7 Wood Hold with white will will will will will a sure was a sure of the sure of the sure was a sure of the s	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) June 16 July 18 M. D.
Danistana	(Advisor blosser state Min

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

or- A-	STATE OF MARY	LAND-	CERTIFICATE (JF DEATH	4 4 4 4 0
infe sta UP	1. PLACE OF DEATH		93-6		
ould occ	County Frince Glorges			Registration Dist. No. 2	30
should of OCC	Village or City Daniels Parks	(1)	No. Brancholl	6 Roal St.,	Ward
NS NS	Length of residence in city or town where death occurred 20		ds. How long in U.S. if of		_mosds
Ever. CIAN temen	2. FULL NAME grace : Cellen	1 04	ansen		
· H 75	(a) Residence: No.		St., Ward.	*** *************	~~~~
	(Usual place of	-	MEDICAL CE	If nonresident give city or town	
RECC Exact	PERSONAL AND STATISTICAL PARTIC 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRI		21. DATE OF DEATH	ERTIFICATE OF DEATH	1
	female 4. COLOR OR RACE OR DIVORCED (OR DIVORCED) (OR DIVORCED (OR DIV	write the word)	2. DATE OF BEATH	(Month) (Day)	193 (Year)
XMANEN X A C T I	75a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian & Tan	sew	22 I HEREBY	CERTIFY That atten	ded deceased from
Service of	6. DATE OF BIRTH (month, day, and year) Much 15,		I last saw h alive on	195 C, to accept 10	2: death is sale
A	7. AGE Years Months Days	If LESS than	to have occurred on the date stated	i above, at 9 3 m.	_ Ame , death is said
IS A I stated properl ertifica	66 6 25	1 day, 2/2 hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	H and related causes of importance	Date of onset
be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ife	Chrishia min	nader	7
KK—TI should it may n back	9 Andustry or business in which	ne	alun S	elini.	
S sh t it	10. Dete deceased last worked at this occupation (month and spent)	(years) n this tion			
NFADING I oplied. AGE erms, so that instructions of	12. BIRTHPLACE (city or town) England	tron	Other Contributory Causes of impor		Sys 24
AD ed. S, S	(State or country)		-		
UNFA applied terms,	13. NAME James greenwood	-			
suf in t	13. NAME James Glenwood 14. BIRTHPLACE (city or town). Cyclaud (State or country)		Name of operation	Date of	4-
F 5 5		1		Was there	
INLY, WITH be carefully EATH in plain important.	± 4		23. If death was due to externel caus Accident, suicide, or homicide?		wing;
Ca Ca TTH Por	2 16. BIRTHPLACE (city or town) (State or country)		Where did injury occur?	Date of Injury	
	17. INFORMANT Mis a. A. Slidenski (Address) Riverdale Martel	nner		(Specify city or lown, county and INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
Should OF D	18. BURIAL, CREMATION, OR REMOVAL	and ,	Manner of Injury		
on s	Place Pathing low Date	11-,1932	Nature of Injury		
-WRITE mation s CAUSE TION is	19. UNDERTAKER J. Stuschs Jour		24. Was disease or injury in any wa	y related to occupation of deceased?	
B	(Address) ghyattavelle me		If so, specify	1	
z (T)	20. FILED Get 11-, 1932 John 10 &	mith	(Signed)	1cemis	M. D
4 (3		Registrar.	(Address)	Lucion	

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TATT Crosses			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

of

See instructions on back

TION is very important.

FATHER

MOTHER

14. BIRTHPLACE (city or town (Stata or country)

16. BIRTHPLACE (city or town (Stata or country)

15. MAIOEN NAME

(Address)

(Address)

19. UNDERTAKER

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11124
1. PLACE OF DEATH	150
County O. Lio	Registration Dist. No. 243
Village or City Downe, Incl	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Baty Hurrison	()
7	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write word) 5a. If married, widowed, or divorced HUSBANO of	21. DATE OF DEATH ON. 27 (Year)
6. DATE OF BIRTH (month, day, and year) OA. 26. 1932	1 last saw h Assa alive on Och. 27. 1932, death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at
l l day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
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work was done, as SILK MILL, SAW MILL, BANK, etc	Conquistal debility . Cuis J.
12. BIRTHPLACE (city or town) Musy Com 4	Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOL ENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury.

19

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury _____.
Nature of injury _____.

Where did injury occur?

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Address) Bococ

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH County Partics (Partics (STATE OF MARYLAND-	CERTIFICATE OF DEATH
Village or City Carl Remiddle Height (If death occurred in a horpital or institution, give in NAME intented of street and number) Length of residence in city or town where death occurred (b. yrs mos os		59
Length of residence in city or town where death occurred to yrs mos ds. 2. FULL NAME (a) Residence. No		Registration Dist. No. 245
Length of residence in city or town where death occurred to yrs mos ds. 2. FULL NAME (a) Residence. No	Village or City East Revided Height	Ala
2. FULL NAME (a) Residence: No. Good React PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WINDWED, OR DEATH 2. DATE OF DEATH (Month) (Day) 1952 1. DATE OF DEATH (Month) (f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Deat (Charles a shode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DYNGED (with previous) Sa. It impriet, widowe, or divorced (cor) wife or	0.01 1 11 0	osgs. now long in 0.3.11 of foreign bittil!yrsmosgs.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) 1. Married, widowed, or divorced HUSAND 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1. LESS than 1. JOAR (North) 2. LEREBY CERTIFY. That I attended deceased from the day, and year) 1. DATE OF BIRTH (month, day, an		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Cover be word) 5. If married, widowed, or divorced (co) WIEE of Warried (widowed, or divorced (co) Warried (widowed, or divorced (widowed, call of the warried (widowed, call of the warried, widowed, call of the warried (widowed, call of the warried), with the warried (widowed, call of the warried, widowed, call of the warried (widowed, call of the warried, widowed, call of the warried,		
OR DIVORCED (wire the word) 3a. It married, withoused, or divorced HISSAND of Corry Wife of Corry W	PERSONAL AND STATISTICAL PARTICULARS	
HEREBY CERTIFY, That Intended deceased from (or) WIFE of MET (month, day, and year) Months Days If LESS than I day. hrs. or. min. 7. AGE Years Months Days If LESS than I day. hrs. or. min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Notace, profession, or particular profession, or particul	Quel lalita OR DIVORCED (write the word)	October 1/ 1992
6. DATE OF BIRTH (month, day, and year) 100 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HUSBAND of	22 LHEBERY CERTIES THE LANGE
6. DATE OF BIRTH (month, day, and year) Algorithm (1972) 7. AGE Years Months Days It it its than 1 day, hrs. of min. It it its than 1 day, hrs. of min. One were as follow: SAVER, BODKKEPER, etc. SAWER, SAWER	(or) WIFE of Mayaret Hlay Hund	The state of the s
T. AGE Years Months Days 1 to have occurred on the date stated above, at 4.13 fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as fol		
8. Wrade, profession, or particular hind of the profession of particular hind of the particu	7. AGE Years Months Days If LESS than	
Services of particular Research of the deceased last worked at the occupation (mgrish and year) Salvance Salvanc		were as follows:
Dther Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL CREMATION, DR REMDVAL Place a a an Shall and Carlot, 1932; 19. UNDERTAKER (Address) 20. FILED Cot. 11, 19 32 A an Shall and Shall	8. Wrade, profession, or particular kind of work done, as SPINNER.	had also a Hill of a con the
Dther Contributory Caused of imagriance: 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL CREMATION, DR REMDVAL Place a a av Supplementation 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED Cot. 11, 19 3.2 Deter Contributory Caused of imagriance: Date of imagriance: Dther Contributory Caused of imagriance: Date of imagriance: Dther Contributory Caused of imagriance: Date of imagriance: What test confirmed diagnosis? Was there an au'opside Accident, suicide, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased of so, specify (Signed) M. D.	SAWYER, BODKKEEPER, etc.	4. seiv
Dther Contributory Caused of imagriance: 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL CREMATION, DR REMDVAL Place a a av Supplementation 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED Cot. 11, 19 3.2 Deter Contributory Caused of imagriance: Date of imagriance: Dther Contributory Caused of imagriance: Date of imagriance: Dther Contributory Caused of imagriance: Date of imagriance: What test confirmed diagnosis? Was there an au'opside Accident, suicide, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased of so, specify (Signed) M. D.	work was done, as SILK MILL, Manual Mill, SAW MILL, BANK, etc.	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL Place a d an analysis and analysis analysis and analysis and analysis and analysis analysis and analysis analysis and analysis analysis and analysis analysis analysis and analysis analysis analysis and analysis anal	10. Date deceased last worked at this occupation (morth and year) 11. Total time (years) spant in this 3.5	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL Place Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	12 RIPTHPLACE (city or town)	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an au'opsid 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, DR REMDVAL Place a day and country of the place and any and country and state) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED CD. 11, 19.32 (Signed) Was there an au'opsid 23. If death was due to external causes (VIDL ENCE) fill in aiso the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (, , , , , , , , , , , , , , , , , , , ,	same y
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What test confirmed diagnosis? Was there an au'opsid 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, DR REMDVAL Place a day and country of the place and any and country and state) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED CD. 11, 19.32 (Signed) Was there an au'opsid 23. If death was due to external causes (VIDL ENCE) fill in aiso the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (14. BIRTHPLACE (city or town).	Name of operation Date of
Accident, suicide, or homicide? Date of injury	(State of country)	What test confirmed diagnosis? Was there an autops
Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, DR REMOVAL Place a day Sull Constant Oct. 12, 1932; Nature of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased to company to the company of the	I 15. MAIDEN NAME Swale 13. Purson	23. If death was due to external causes (VIDLENCE) fill in also the following:
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17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL Place Q Q V Selection (Address) 19. UNDERTAKER (Address) 20. FILED Ct. 11", 19 32	(State of country)	
18. BURIAL CREMATION, DR REMOVAL Place a an Allelemetrace Oct. 12, 1932; 19. UNDERTAKER (Address) 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place a day Sull limitate Det. 12, 1932: 19. UNDERTAKER (Address) 2 6 6 70. 51 20. FILED St. 11", 19 32 Mass as Severe (Signed) (Signed) Nature of injury 24. Was disease or injury in any way related to occupation of deceased to compare the second se		Manner of intime
19. UNDERTAKER (Address) 2 6 6 70. 5 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	Place day Silleneting Oct, 12, 1932	
20. FILED St. 11", 19 32 Mrs Jas Severs (Signed) W. Carly Grafille M. D.	IN HADERTAKER STRUCTURE OF THE PARTY OF THE	
20. FILED St. 11", 19 32 Mrs Jas Severs (Signed) W. Cally Grafille M. D.		
	1.00	(Signed) W. Cooling Graffille M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	I week ago		
Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BOBEA					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- 59 17 M with
County Fruce Leoge	Registration Dist. No. collection
Village or City 201 Kances	No. 3633- 344- St., / Ward
Length of residence in city or town where death occurred 26 yrs mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs
(Pa ping)	11/0.
2. FULL NAME (Clicked touse	Ot / Ward
(a) Residence: No. 3600 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writethe ward) Fig. 1f married, widowed, or divorces HUSBAND of	21. DATE OF DEATH 20 193 2 (Month) (Day) (Yeer)
HUSBAND OF Yorke / Leice	220 HEREBY CERTIFY. That I attended deceased from 1931 to Och 20 1932
6. DATE OF BIRTH (month, day, and yeer) Leby 23/866	Hast saw h_ 2 elive on Och 19 , 1932; death is sald
7. AGE Years Months Deys II LESS then	to have occurred on the date steted above, at 15 am.
66 7 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER focuse wife SAWYER, BOOKKEEPER, etc.	a Cabiles Wellies.
kind of work done, as SPINNER SAWYER, BOOKKEPPER, etc. 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased lest worked et this occupation (month end	
10. Dato deceased lest worked et this occupation (month end year)	<u> </u>
Leria.	Other Coule Dutory Causes of impartence:
12. BIRTHPLACE (city or town) (State or county)	grand week
13. NAME Frederick Westerwy 2.	
	Name of operation Roll Date of L
(Stete or country)	What test confirmed discosiellical Was there en autosoft
I ASSAMATOEN MANGELLEUR W Islerenge	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) / 362 55 - 344 - 27 W	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL ADIC COST 211 39	Menner of injury
Plece Washington Dete Uh 27, 19 3	Neture of injury
19. UNDERTAKER Frances Sagelis Sono	24. Was disease or infury in eny wey releted to occupetion of deceased?
20. FILED CT 22 1972 / humpally Mike	(Signed) Cook Hydle M. D.
If more blanks are needed, address State Registrar.	(Address) & O Top Mg D

4 4 4 6 6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Cerebral hemorrhage BITTO DEATH W. S. Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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STATE OF M	ARYLAND-	CERTIFICATE	OF DEATH	11137
1. PLACE OF DEATH		(940)		
County Prince yee	·		Registration Dist. No.	239
Village or City Much Line	C GE	Nodeath occurred in a hospital or institu	ition, give its NAME instead of a	St., Ward
Length of residence in city or town where death occur	1	ds. How long in U.S. if o		
2. FULL NAME Same OP.	Lamber	t		
(a) Residence: No. William (Usu	Call Malplace of abode)	St., Ward.	If nonresident give city or	town and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL C	ERTIFICATE OF DE	ATH
. Male white or Di	E, MARRIED, WIDOWED, VORCED (wrige the word)	21. DATE OF DEATH	(Month) 9 (Day)	, 193 Z
5a. If married, widowed, or livorced	0			(1681)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	autent		CERTIFY, That I	attended deceased from
	1-2-1488	I last saw h Ling alive on		193 . 2a ; death is said
7. AGE Years Months D	ys If LESS than	to have occurred on the date state		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months D:	17 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:		Data alassat
8. Trade, profession, or particular kind of work done, as SPINNER, Male	nuise	variegy	s Lift has.	3/32
		1000 000	and the	11.7.0/3.6
11 Date deceased last worked at this occupation (month) and 32	Total time (years) spant in this occupation			
12. BIRTHPLACE (city or town) (State or country) 13. NAME LATICAL 14. STATE 15. STATE 16. STATE 17. STATE 18. STATE 19. STATE		Dther Contributory Causes of impo	ortance:	
(State or country)	1	Coronan	Emstolus	10/1/2
13. NAME LATICAL AU 14. BIRTHPLACE (city or town)	beit			
OU III 14 DISTINGACE ()	,9	Name of operation		Date of
	1	What test confirmed diagnosis?	Was 1	there an autopsy?
THE IS. MAIDEN NAME / OCOM	vor	23. If death was due to external cau	uses (VIDLENCE) fill in also the	following:
15. MAIDEN NAME OCO TO 16. BIRTHPLACE (city of town)	-p0	Accident, suicide, or homicide?	Date of injur	y, 19
15. MAIDEN NAME (OCOM) 16. BIRTHPLACE (City of town) (State of county) 17. INFORMANT	7	Where did injury occur?	(Specify city or town, county	y and State)
17. INFORMANT	home nister	Specify whether injury occurred in	n INDUSTRY, in HOME, or in Pt	JBLIC PLACE.
Tot bying Egongalin ibit, bit KENGTHE	mot all as	Manner of injury		
2 M Plane / / Out / 1 late /	ych VI, 1932	Nature of injury		
19. UNDERTAKER A Try Charges (Address)	A	24. Was disease or injury in any w	ay related to occupation of dece	ased?_20
Cal de 32 m 2	4	If so, specify	Tabes or	
20. FILED COT 1934	Registrar	(Signed)	as I do	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRATIVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of infor-

N. B.-

· STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
County France Tronges	Registration Dist. No. 245
Village or City / ty allsules	No. 7 - Block St., 1st Ward
Length of residence in city or town where death occurred discovery mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Florias Malherie	M,
(a) Residence: No. arlangta les ra,	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH OCLUME 1744 (Month) (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of	A LURD TRY CERTIFY THE
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
Andrew Andrew	lest sew h alive on 19 death is seid
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to heve occurred on the dete stated ebove, at
3 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9. Trade profession or particular	were es follows: In my opinion, the child Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	died of natural causes:
A Industry or business in which	details not known, cut B.
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked et this occupation (month and year) year)	trabance; intestinal.
mashington de	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	Child tour a related no - the man - 10
13, NAME Floring Malkenes	no Lathon information
14. BIRTHPLACE (city or town)	Name of operation
(Stete or country) arly stern Co Va	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Blosie lolars	23, If deeth wes due to externel causes (VIOLENCE) fill in also the following:
The state of the s	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Ruin Matitions	(Specify city or town, county and State) Specify, whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) a line of the left of the	Justice of Peace
18. BURIAL, CREMATION, OR REMOVAL	Acting Coronor.
Plece Laar Mil Date J. C. 18, 1932	MUKMMUK
19. UNDERTAKER A Charmleus Nach DC	24. Was disease or injury in eny wey releted to occupetion of deceesed?
20. FILED Oct 18", 1932 Mys Jas, Levene Registrar.	(Signed) Y. Cl. M.D. (Address) Hyantstrikes M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

- 1	5-1	-3	0
A.	4.2	1	9)

death occurred in a hospital or institution, a ds. How long in U.S. if of fore				
_St., Ward.	lf nonresid	ent give city	or town and	l State
MEDICAL CERT	IFICA	TE OF	DEATH	
21. DATE OF DEATH	ber onth)	/ (0	9 Pay)	, 193 2 (Year)
1 HEREBY C 29, 193 I last saw h L alive on Octo to have occurred on the date stated abov The PRINCIPAL CAUSE OF DEATH and were as follows:	2, to	Oct 19 15 p. m	19.32	9.,1932
Corolago H	wo	· · · ·	ais	10-18-32
Other Contributory Canses of importance Carcinorus with metastis and pelvis	3	lored to S	pine.	Incertai probabi
Name of operation			Date of	**************************************
What test confirmed diagnosis?		V	Vas there en	autopsy? 40
23. If death was due to external causes (V				
Accident, suicide, or homicide?	pecify city	or town, co	ounty and Sta	le)
Manner of injury				
24. Was disease or injury in any way related to the second of the second	ated to occ	9.	Seie	70 M.D.
411 N. Charles Street, Baltimore, Requestin			Was	axc

Registration Dist. No.__

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

ż

(Address)

(Address)

CREMATION, OR REMOVAL

18. BURIAL,

19. UNDERTAKER

1	STATE OF MARYLAND— L. PLACE OF DEATH County Prince George	CERTIFICATE OF DEATH 1130 Registration Dist. No. 245
	Length of residence in city or town where death occurred yrs mos. 2. FULL NAME Lana Lancelia	No. 50 - Orient Ward death occurred in a hospital or institution, give its NAME instead of street and number) 20 ds. How long in U.S. if of foreign birth? yrs
81-	(a) Residence: No. July Jace of abode)	O. Pla
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
~	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
	(or) WIFE of Charles a. Miller	22. I HEREBY CERTIFY. That I attended deceased from 19.32 to 19.32
_	AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral Henoushage Date of onset Cardio V as when send See of
000	16. Date deceased last worked at this occupation (month and year)	Thu & cardita
12.	BIRTHPLACE (city or town) - February (State or country) Test Co Pa	Other Cuutributory Causes of Importance:
HER	13. NAME Robert Seibering	
FATHER	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
OTHER	15. MAIDEN NAME Phache Peppard Reed	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?

A Registrar. (Address) SOO If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Where did injury occur?_____

Manner of injury Nature of injury

If so, specify (Signed)

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epitepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

.0 0	ADDITIONAL SPACE	FOR FURTHER S	STATEMENTS BY	PHYSICIAN	0
Palient n	wer was att	Ended by	Shusician	me to bro	sent
illness.	huy o canditis	of antial is	Is claración	Ite one of	many
were ste	within - it	in land on	sille to	i structe the	luc At
1.0 time		0			8
70%					

mation should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	11131
1. PLACE OF DEATH	180	
County N. Teorgex	Registration Dist.	No. 240
Village or City / Ways derouse 200	No	St., Ward
	death occurred in a hospital or institution, give its NAME inster	nd of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?	yrsds.
2. FULL NAME James Heury Mos	72	
(a) Residence: No. Andudywile · Ma	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	ly or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	G
OR DIVORCED (write the word)		193
5a. If married, widowed, or divorced	(Month)	Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, TI	nat I attended deceased from
(0) 1112 01	, 19, to	, 19
6. DATE OF BIRTH (month, day, and year) (W) /5 - 1854	1 last saw h alive on	, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3	
78 7 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of in were as follows:	nportance Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	A. A.	f
SAWYER, BOOKKEEPER, etc. Wullerright	Cacedeulal death	
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (marth and the work) this occupation (marth and the work) spent in this	A A	
SAW MILL, BANK, etc	by for in a builder	g which
this occupation (month and 128/32) spent in this cefter occupation (lefter)	was burned, Course of the coo	Blagras
muldorf.	Other Contributory Causes of Importances	termined
12. BIRTHPLACE (city or town) (State or country)	- c	FT.
13. NAME Denis Month		
13. NAME REOVEY MOVY	Name of operation	Data of
[14. BIRTHPLACE (city or toy)] (Stale or country)	Name of operation	
15. MAIDEN NAME Maria-Corelles	23. If death was due to external causes (VIOL ENCE) fill in al	
E CONTRACTOR OF THE PROPERTY O	and the	injury Day 132
State or country)	Where did injury occur? An Come (1)	Billing Outer
anicold minor	(Specify city or town, Specify whether injury occurred in INDUSTRY, In HOME, or	county and state
(Address) musical with		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place dalung Cumbin Date VCV, LY -, 1932	Nature of injury	
19 UNDERTAKER Hult & Ryon	24. Was disease or injury in any way related to occupation o	f deceased? WV
(Address) Waldel	If so, specify	
20 545 Oct 29ch 1037 MAN T Suite.	(Signed) Lucel Down	euso M.D.
20. FILED 11, 1837- Mill Set of cal, Registrar.	(Address) Promisoner	world
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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3 13 Ces Muss Cale

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	106-8
County like Though	Registration Dist. No. 242
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. it of foreign birth? yrs. mos. ds.
2. FULL NAME (1)	Jeou US
(a) Residence: No. of CUNY (Usual place of abode)	Mare. Of nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The Property of t	22. CLIHEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Opril 1-1867	I last saw h. Lin. alive on
7. AGE Years Months/ Days It LESS than 1 day,hrs.	to have occurred on the date stated above, at
(Q) (0 d or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Trade, profession, or particular kind of work done, as SPINNER,	torrere generali
SAWYER, BOOKKEEPER, etc.	and the second
work was done, as SILK MILL, SAW MILL, BANK, etc.	1 Less 1 inst
2 10. Date deceased last worked at 11. Total time (years)	
this occupation (pronthed spent in this 3 3 occupation	due to tulerculosis interuftine due to
12. BIRTHPLACE (city or town)	Other Contributory Canses at Importance: Chronic brone sities
(State or country)	with hard and strained cougling attacks.
II 13. NAME Prover Porris	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cryse Blackive	25-14 death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
€ (State or country)	Where did injury occur?
17. INFORMANT CALLY A POLICY (Address) Fally were flesh	(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL (19.	Manner of injury
Place Cofile Mile VI Date 4 Ch 27, 1930	Nature of injury
19. UNDERTAKER Attan I Stervar	24. Was disease or injury In eny way related to occupation of deceased?
(Address) BA VE VE	If so, specifyA \ \DA
20. FILED Och 25 1952 Grace dloss	(Signed) Victor W. Flat M. D.
Lefresh Registrar.	(Address) fl 25 TH May sec
If more blanks fare needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

N. B.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County True George	Registration Dist. No. 230
Village or City neou Braue Guella	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foraign birth?yrsds.
2. FULL NAME Stillbry Recrud	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
hundle West OR DIVORCED (wife the word)	October 19 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Delata 19,1937	I last saw h. A alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Presiden Bult
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
11. Total time (years) this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) ABA Bravelrell, Ged (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Lenton, D. 9.	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Relle / Office of the control of th	23. If death was due to external causes (ViOLENCE) fill in also the following: Accident, suicide, or homicide?
2 (State or country) 17. INFORMANT. Sury & Rexpelyer	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bennechalle . Box	
18. BURIAL, CREMATION, OR REMOVAL Place Date 19	Manner of injury
PlaceDate	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDO et -20-, 19 32 Varie Demarter Recierce	(Signed) (Address) (Address)

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MOV 3 19	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH

Length of residence in city or town where death occurred

ECORD. Ever PHYSICIAN (act statemen	2. FULL NAME (a) Residence: No. (Usual place of abode)	Ast. Wayd. If nonresident gives
ECO PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE
LY.	SISEX 4. COLON, OF, RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (Jurgice the word)	21. DATE OF DEATH
ERMAN EXAC classifi e.	5a. If married, widdwed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 244 3 2	22. HEREBY CERTIFY 1932, to
IS A PE stated E properly certificate	7. AGE Years Months Odys If LESS than 1 day,hrs, or	to have occurred on the date stated above, at
INK—THIS E should be t it may be on back of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Other Contributory Causes of Importance:
rH UNFADIN y supplied. ain terms, so See instructi	12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
E PLAINLY, WIT should be carefully OF DEATH in pla	15. MAIOEN NAME OF THE TENT OF	23. If death was due to external causes (VIOLENCE) fill in Accident, suicide, or homicide? Oat Where did injury occur? (Specify city or to Specify whether injury occurred in INOUSTRY, in HOME
	18. BURIAL, CREMATION, OR REMOVAL Ond Date Och 30, 1902	Manner of injury
N. B.—WRIT mation CAUSI TION	19. UNDERTAKER Ritchie Bross. (Address) Ritchie Bross. 20. FILED Let. 29, 1932 Grace flow	24. Was disease or injury in any way related to occupation of the second
	If more blanks are needed address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1,0			11104
1.4.4	Registration	Dist. No. 2	42
No	ion, give its NAMI	St., E instead of street and	
acria Wayd.		give city or town an	
MEDICAL CE			
21. DATE OF DEATH	1 V	004	
	(Month)	(Day)	(Year)
I last saw back alive on to have occurred on the date stated	19 32, to Q	Y. That I attende	deceased from 1932; death is said
The PRINCIPAL CAUSE OF DEATI	i and related caus	es of importance	Date of onset /
Other Contributory Causes of Impor	tance:		
			**
Name of operation		Date of_	
What test confirmed diagnosis?		Was there an	autopsy?
23. If death was due to external caus	ses (VIOLENCE) fil	l in also the following	ig:
Accident, suicide, or homicide?		Date of injury	, 19
Where did injury occur? Specify whether injury occurred in	(Specify city or INOUSTRY, in HO	town, county and St ME, or in PUBLIC P	ale) LACE.
Manner of Injury			
Nature of Injury			
24. Was disease or injury in any wa	y related to occupa	tion of deceased?_\	ما
If so, specify (Signed)	and a	nast	
	1000	4	A MAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

10.7	-WRITE PLAI	mation should b	CAUSE OF DE	TION is WOTT
V. W. MO. L	N. B	(T	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	22-0
County Prince Georges	Registration Dist. No.
Village or City Allenton	No. St., Ward
Length of residence in city or town where death occurred 25 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs mos ds.
	P
2. FULL NAME John Sidney	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male Colored married	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of many Clizo Saroy.	22. HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, day, and year) Thank III	Hast saw h.L. alive on Oct 1.3 1932 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 9 15 Pm.
74 6 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	Intra commol hemantage
SAWYER, BOOKKEEPER, etc.	10 12:3.
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation occupation	
10 PARTHELAGE (silvertons) 74	Other Contributory Causes of importance:
12. BtRTHPLACE (city or town) (State or country)	Water Poorties
13. NAME Charles foron	
14. BIRTHPLACE (city or town)	Name of operation Date of
· (Stale or country)	What test confirmed diagnosis? No Was there an autopsy? No
15. MAIDEN NAME Kittle Proctor	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Kittle Procto	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Logadie Lovo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cellentons Mad	***************************************
18. BURIAL, CREMATION, OR BEMOVAL Place (Xen Hill. Ond Dato / D.) / 7 , 1932	Manner of injury
01.10,00	
19. UNDERTAKER COMMENTS. Me Suire	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) / 820 - 9 - 5 . (N. W.	(Signed) Duned 9. Bond M. O.
20. FILED LOT / 193/ Chy Com Registrar.	(Addes) Frestalle nod
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related car of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhuge	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
D. (1)	Decide No. 100
County Village or City WITHIN CORPORATI	Registration Dist. No.
/ 9	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or toyn where death occurred	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME of properties D. Och	9953
(a) Residence: No. Saules (Usual place of abode)	// St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Rames Manual	21. DATE OF DEATH (Month) (Day) (Year)
Da. If married, widowed or divorced HUSBAND of (or) WIFE of Harry 5. Sca449	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) apr. 800 1870	I last saw h 19 alive on OA 7 3 198 2 death is said
7. AGE Years Months Days If LESS than 1 day,hr	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mintally Orange Day
or industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	om lin hunt and deally
this occupation (months - 3 2 spent in this 3 soccupation spent	Other Contributory Causes of importance:
(State or country)	Mi mount was Ironed
13. NAME Scauge	hurslay by HM Scott 9 ft
14. BIRTHPLACE (city or town) Clients City (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME GEOVERNIA Choto.	23. If death was due to external sauses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Theo of City	Accident, suicide, or homicide? Date of injury at 36, 193
17. INFORMANT CLASS O. Scagus	Where did injury occur?
(Address) Facult Mill.	0001-010
Place Port School Date Det = 97, 19.3	Manner of injury A. A. Ulannylus 114 to
19. UNDERTAKER SUS TRUSCOS. (Address) Laurel Sus S.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Och 36, 1932 m. Brasheare Registrat.	(Signed) Charles M. B. (Address) M. (Ad
If more blanks are needed, address State Registr.	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

wase of the south

1. PLACE OF DEATH	(60)
County Prosper Leorges	Registration Dist. No. 2, 40
Village or City Draudystone	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Longin of residence in city of contract account occurred	- Kg. 4/
2. FULL NAME Julius 7 ling John	of Mun
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word).	291 200 103 2
Male while marries	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HU3BANO of (or) WHFE of Core Learnelle Cornilla	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 12. 18 59	I last saw h \ alive on \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
73 / / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	Date of onset
Nind of work done, as SPINNER, Merchant	I rone hotenlumania Oot
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	121
SAW MILL, BANK, etc.	1922/
10. Date deceased last worked at this occupation (month and year) spent in this occupation	(1)
2 111/1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mudally Wal. (State or country) Val.	
13. NAME Rufus Smith	
14. BIRTHPLACE (city or town) Dugue	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MANY HOST	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Dirayuha	Accident, suicide, or homicide? Date of injury19
S (State or country)	Where did injury occur?
17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chrilletham, Ad, Data Och, 28, 1936	Nature of Injury.
19. UNDERTAKER Ritchir Bros	24. Was disease or Injury in any way related to occupation of deceased?
(Address) A Taladia ma	If so, specify
Off 97ch 22 Mrs J. W. Smith	(Signed) William It Tebbono M.D.
20, FILED 41. 1. 193. L. The Soll Registrar.	(Address) Croam md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH,	210-m
County Trusce 10	Registration Dist. No. 23
Village or City Murkey Mea	Undannel K. F. N. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?
2. FULL NAME OF SUPPLE AM TO	
(a) Residence: Np. 537 / Carry 54	QUE Baltomound
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. I married, widowed, or divolced HUSBAND of (or) WIFE of STALL A. STALL	22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1932 to Oct 6 1932
6. DATE OF BIRTH (month, day, and year)	Hast saw her alive on Oct 6 ,19.32, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/4-4 m.
3 2 1 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Hindur of soull
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Patholic (State or country)	Other Contributory Causes of importance: accolert Cato 1932
13. NAME YOU, MUCKETT	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? Pet
TE 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
≥ (State oy country)	Where did injury occur? Mun levin (Specify city or town, county and State)
17. INFORMANT (Address) 2 3 7 7 7	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Mage That Date Octo 1932	Manner of Injury
The state of the s	
19. UNDERTAKER Samuel V- Kimakey (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Och 7, 1932 M. Brasheau Registrar &	(Signed) La Vert & M. D. (Address) Line 12 A.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	19.31	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Bodie	Released	FOR	FURTHER	STATEMEN S C-TO	TS BY	PHYSICIAN	01	1 the	Pesce
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1. PLACE OF DEATH	-CERTIFICATE OF DEATH 11139
At I harden of Dankilli	93-6
County Prince Server	Registration Dist. No. 246
Village or City Marie Raine	No. 3736 36 TR' St., Ward
607	os. / ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Millied	Swith
10/2 A D. Heal	St. Ward. Blue Hairs D. C.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Divorced (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Auros Smith	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BURTH (month, day, and year) 80 ppt 2 1862	Hast saw hare street tead on 1 0pt 19 3 - death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
90 Mars 1 26 1 day,hi	THE TRIBET AS CAUGE OF BURETI SHE TOURS SEEDED STREET
	were astollows: Cardiac dilata - Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tion
9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	Chronic myosardetis: duaston, unknown.
O 1d. Date deceased last worked at this occupation (month and year) year) occupation	qwg B
lb ve to De	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	- Musicardition
13. NAME ZINKNOWN	- Francisco
T T	Name of operation
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
TI 15. MAIDEN NAME UNBUGAN	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19 19
State or country)	Where did injury occur?
17. INFORMANT Solution (Address) 57/18 516 2000	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wash Dec Date Od 25 - 193	2 Nature of Injury
19. UNDERTAKER William H. Scott (Address) 40 9 - 8 - 41 5 - 61 10	24. Was disease or injury in any way related to occupation of deceased? 2005
20. FILED IS 28 132 / Juny hally M. J	(Signed) (Saya Savare, M.D.
Registrar.	(Address) / M. Kallsley Ma.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritouitis	3 days ago
: BALENERA			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MAKGIN KESEKVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46
County U. 400.	Registration Dist. No. 243
Village or City / Sowel,	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) ads. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME James Thou	128
(a) Residence: No. Downie, hi	ed St. Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) 23 , 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIPTH (mostly day and was Milestones	1931 to UVI. 23, 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h was alive on CA. 28, 19 32; death is said
7/hrs.	
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occasion (month and	Carcinomic of the about
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0:4
10. Date deceased last worked at 11. Total time (years)	Verelouseum 44 (year
this occupation (month and Act. 1997) spent in this occupation occupation	Sulestines ago
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	hone
14. BIRTHPLACE (city or town) Indeservation	
[State or country]	Name of operation Date of Date of What test confirmed diagnosis? Superations Was there an autopsy?
15. MAIDEN NAME UNICUOSON	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
9400	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT C. V. Bowel. W. C.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL Date Och 25, 1932	Manner of injury
19. UNDERTAKER My. Filadius & Som	24. Was disease or injury in any way related to occupation of deceased?
(Address) Bowing mal	If so, specify
20. FILED III 28, 1932 Thances ma	(Signed) Than castes M.D. (Address) Sawil Mcl
Registrat.	(Audress)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis -	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PATTERNATI V. D. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAshould be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE mation should be carefully-supplied.

V. S. No. 1

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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Prince Gearys	Registration Dist. No. 235
Village or City Bradbury Heights	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
9	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Louise / mckelr	. 14
(a) Residence: No. Stehling Cool and Brade	brosty Mare glas Mid. If honresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 6, 1982
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Column of Market of Column of Colum	22. I HEREBY CERTIFY, That I attended deceased from
no record of Birth hunorly Son or Brather	- June 19 , 190 d, to Clarer , 1902
6. DATE OF BIRTH (month, day, and year) Mulsurum. 7. AGE Years Months Days If LESS than	Mast saw h_ Car alive on Calabell, 1952 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at
ormin.	were as follows:
8. Trade, professión, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Chronis Auteralitical
	- Difference 95
9. Industry or business in which work was done, as SILK MILL,	Juhanna Mysaczadetwa Just 1932
10. Date deceased last worked at 11. Total time (years)	haute mystasdest
this occupation (month and year) - full - fu	delbrupensalion 10/5/32,
12 DIRTHRI ACC With a Acces	Other Contributory Causes of importance:
(State or country)	July of and and and and funerys!
13. NAME 1 74 7/2 1 1 3	
13. NAME THE THE THE THE THE THE THE THE THE TH	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME alice Frye	What test confirmed diagnosis? Church Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?
a of all - coll	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Circles) - John H Munas	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Int
Place Croone. Md. Date /8 1932	Manner of Injury
The The 1	Mature of mjury
19. UNDERTAKER (Address) and easter of	24. Was disease or injury in any way related to occupation of deceased?
20 FILED 196 1932 Thor D. Graffelt	(Signed) Paul & Van Halla M.D.
20. FILEU Registrar.	(Address) When Marlborn 18#1 Sund.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY I	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(151)
County /7 / 7	Registration Dist. No.
Village or City Hynthe bills Mil	No. 1 Messer St., 3. Ward
Length of residence in city or town where death occurred 2 yrs, mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME UMNIVA XV	wysman,
(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
formula Whole wednesd	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That Lettended deceased from
(O) WITE OF OF OCCUPANT OF THE	XVI 10 21937, to ORA 4 1932
6. DATE OF BIRTH (month, day, and year) Wy 5 - 1851	last saw h death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7/17/32
2 Industry or business in which	
work was done, as SILK MILL, A COULT	
11. Total time (years) spart in this occupation (month and year)	
Rada' Jana	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (OR MARINE)	as a some
13. NAME KUNNIN III EKA	1
13. NAME 11. BIRTHPYACE (city or town) Crusty 14. BIRTHPYACE (city or town)	Name of operation.
((State of country)	What test confirmed diagnosis? Says I Law as there an au'opsy? Ha
15. MAIDEN NAME Wight stu Fridori	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Crave Co	Accident, suicide, or homicide? Date of injury 19
State or couptry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Hyalla Talla	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Tarak II Date With (19%	Nature of injury
19. UNDERTAKER To Sudasch Son,	24. Was disease or injury in any way related to occupation of deceased?
(Address) It fall wille 201	If so, specify
20. FILED Oct. 51, 1932 Mrs. Jas Severe	(Signed) A COLLAND (M. D. (Address) Ary authority Man
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	B de la constantina della cons	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	·
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

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PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING -WRITE PLAINLY,

V. S. No. 1 m Exact statement of OCCUPA.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH			
	1. PLACE OF DEATH.	94.70			
	County French Dearece	Registration Dist, No.			
1	Village or City Laurel - med	No.			
	(16	death occurred in a horpital or institution, give its NAME instead of street and number)			
te.	Length of residence in city or town where death occurredyrsmosds. How long in U.S. if of foreign birth?mosds.				
	2. FULL NAMERONCIE CUTTUS NISTAND				
	(a) Residence: No. Auch Turk	St., Ward.			
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH			
	3. SEX 4. COLON OR RACE 5, SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH			
	OB DIVORCED (write the world)	(Month) (Bay) (Year)			
	5a. If married, widowed or divorced HUSBAND of	22. LHEREBY CERTIFY That I attended deceased from			
	(or) WIFE OF CITTURE Nowe Weston	22. HEREBY CERTIFY, That I attended deceased from			
	6. DATE OF BIRTH (month, day, and yeer)	I last saw han alive on 10/13 1,1932; death is said			
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _2Pm.			
rti	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
of ce	8. Tryde, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Jadustry or business in which work was done as SILK MILE.	gus. arlinochioù 1/20			
. See instructions on back	SAW MILL BANK atc				
	10. Date deceased last worked at this occupation (month and AM2)				
	year)	Other Contributory Causes of importance:			
	12. BIRTHPLACE (city or town) Lewing of (State or country)	Cownay Steron 9/30/27			
	E 13. NAME (Illred Custins	aut Cardine Dellate 10/13/2			
	14. BIRTHPLACE (offy or town)	Name of operation Date of			
	(State of country)	What test confirmed diagnosis? Was there an autopsy? Lo_			
	15. MAIDEN NAME Colley Cakes	23. If death wes due to external causes (VIOL ENCE) fill in also the following:			
orta	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19			
very important	(State or pountry)	Where did injury occur?			
	17. INFORMANT ATTHEY NAME Wiston	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
	Place Clifting at Cliff 10 10	Nature of injury			
TION	19. UNDERTAKER The we white Go	24. Was disease or injury in eny way related to occupation of deceased?			
	(Address) Facel peel	If so, specify			
	20. FILED St 18 1932 M. Brashearp	(Signed) M, D.			
	Registrar.	(Address)			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of dea of importance were as follows:	X1/c1 +	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	REPERENTE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 4 1992	July 5, 1927	Peritonitis	3 days ago
	BUREAU	8-11		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				[6]

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Le Gor form # 2 unde Warren 11/29/32 for authorytes,